OMB 3067-0077 Expires: June 1984



## FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

## **ELEVATION CERTIFICATE**

This form is to be used for: 1) New/Emergency Program construction in Special Flood Hazard Areas; 2) Pre-FIRM construction after September 30, 1982; 3) Post-FIRM construction; and, 4) Other buildings rated as Post-FIRM rules.

ANTHON	Y FIORE			978 SO.	RIVER ROAD	ENCL FLICO	D FI	22522
BUILDING O	WNER'S				ADDRESS	, LINGLEWOO	D, FL	33333
1097 RI	JISDAEL (	CIRCLE	NOKOMIS.	FI 335	55	DERMIT	# B	8620676
PROPERTY L	OCATION (	of and Bi	ock numbers a	ind address i	f available)	Permit		0020676
Lot 1.0,	Block	B, So	rrento	Woods U	nit 7	1.01		
certify that	he informati	on on this	certificate rec	resents my h	est efforts to into	rpret the data av	ailable. I	understand that any false
arminal training	y or pullialle	DIE DY IIII	CATION (Cor	ient under 18	cal Community P	on 1001		red Professional Engineer,
COMMUNITY NO	PANEL NO.	SUFFIX	DATE OF FIRM	FIRM ZONE	DATE OF CONSTR	BASE FLOOD	LEV B	UILDING IS
125144	0245	D	5-1-84	A-12	Apr.1986	(In AO Zone, use	depth)	IJ New/Emergency IJ Pre-FIRM Reg IJ Post-FIRM Reg
of	diffarice. Trie	It, NGVD	may rely on co	nstruct the h	be constructed in ords. The lowest	floor (including)	nacomon	nmunity's flood plain t) will be at an elevation ding in violation of
L 01	dillalice basi	ed on elev	ation data and	visual inspec	in compliance we tion or other real the community.	ith the communi sonable means.	ty's flood	plain management
				The street of the street of				E 3
□ □ co	mmunity's fl	ood plain	management of	ordinance, or	above has been ti in compliance wi	ed down (ancho th the NFIP Spe	red) in co	ompliance with the
MOBILE	HOME MAK	E	MODEL		OF MANUFACTL		RIAL NO.	
(Community	Permit Offici	al or Regi	stered Professi	onal Enginee	r, Architect, or Si	Invarior)		
NAME		a. o. riogi	11010351	onal Enginee	ADDRESS	urveyor)	T	CEPE.
TITLE			CITY		- 1	Talale	, Es	Remarked
SIGNATURE			(#)		A PE	Va. Be	Re	Kein
Section 2010	FLEVATION	CERTIE	ICATION (Co.	difficult by a 1	DATE	PHONE	7	
	LLLTATIO	CENTIL	Arch	nitect, or Sun	eyor.)	entitie (Chicial or	a Registe	red Professional Engineer,
FIRM ZONE			the building at on of 11. of 8.0			ed above has the	lowest fi	loor (including basement) e at the building site is at
FIRM ZONES	V, V1-V30:	at all ele	that the building evation of	g at the prop feet, fee	NGVD (mean sea	ribed above has railed a level), and the	ire bottor average	n of the lowest floor beam grade at the building site
FIRM ZONES floor elevation	A, A99, AH as of	nd EMERO	SENCY PROGR	IAM: I certify t	hat the building at	the property loca	ation desc	cribed above has the lowest
FIRM ZONE A leet, NGVD. T	O: I certify the elevation	hat the bu	ilding at the p	roperty locati	on described abo	we has the lower	t floor of	
SECTION III	FLOODPRO	OFING (	CERTIFICATIO	N (Certificat	ion by a Register	ed Professional E	ngineer	or Architect)
and hydrodyn lorces associa	amic loads a ded with the	nd effects	ne passage of of buoyancy	water and s	tructural compon	ante having the	conshit it	uilding is watertight, with y of resisting hydrostatic locities, impact and uplift
YES 🗆 1	(Hi	uman inte	rvention means easures are tal	that water w	of floodproofing of fill enter the build the flood to preven	ing when floods	un to the	ntervention? base flood level oc- ting metal shields over
If the answer	to both quest	ions is YE	ling be occupied S, the floodpropplete both the	ofing cannot	nce? be credited for rid d floodproofing c	ating purposes a ertificates.	nd the ac	tual lowest floor must be
FIRM ZONES					a reconstruction of the second	Floodproofed Ele	vation is	feet, (NGVD)
THIS CERTIF	ICATION IS	FOR X SE	CTION II	BOTH SEC	TIONS II AND III	(Check One)		
CERTIFIER'S		Selling Selling		COMPANY	III-I P - A C I WALL CONTINUE	, 2.10011 0110)	LICE	NSE NO. (or Affix Seal)
David H	. Kell	DEF	Wi	lliam F	. Bishop	& Assne.	1.00.00	1.629
TITLE				ADDRESS	- Control of	110000	£7	ZIP
	nd Sur	reyor	4!	509 вее	Ridge Rd			33583
SIGNATURE	110/00		DATE	CITY	()	STATE		PHONE
David	HXILL	199	4-9-86	Sara	sota	Flori	da	371-6362
The	the se	ond copy	d attach the o should be sup	riginal copy opplied to the	of the completed policyholder and	form to the floor	dinguran	ce policy application

INSURANCE AGENTS MAY ORDER THIS FORM